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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/988835-Conf. #9376
		Filing Date	November 19, 2001
		First Named Inventor	Gideon STRASSMANN
		Art Unit	1648
		Examiner Name	Winkler, Ulrike
Total Number of Pages in This Submission		Attorney Docket Number	MTN-031CN

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Jeanne M. DiGiorgio		
Date	November 17, 2004	Reg. No.	41,710

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 419930128 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 17, 2004

Signature:

(Jeanne M. DiGiorgio)

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 660.00)

Complete if Known

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METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:				

Deposit Account Number **12-0080**

Deposit Account Name **Lahive & Cockfield, LLP**

The Director is authorized to: (check all that apply)

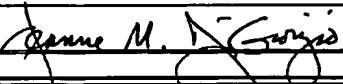
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
		Fee Code (\$)	Fee (\$)
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Extra Claims	Fee from below	Fee Paid	
Total Claims <input type="checkbox"/>	$\cdot \cdot \cdot =$ <input type="checkbox"/>	\times <input type="checkbox"/> = <input type="checkbox"/>	
Independent Claims <input type="checkbox"/>	$\cdot \cdot \cdot =$ <input type="checkbox"/>	\times <input type="checkbox"/> = <input type="checkbox"/>	
Multiple Dependent <input type="checkbox"/>		$=$ <input type="checkbox"/>	
Large Entity Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00	
*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$)	660.00

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Jeanne M. DiGiorgio	Registration No. (Attorney/Agent)	41,710
Signature		Date	November 17, 2004

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